



PERUVIAN FOCUS GROUPS ON BIRTH SPACING

Qualitative Study in Peru

2003

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**(One in a series of five country studies,
including Bolivia, Egypt, India and Pakistan)**

2003

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I. INTRODUCTION

The Optimal Birth Spacing Initiative (OBSI) is an activity of the CATALYST Consortium designed to place optimal birth spacing on the global public health agenda by instituting a recommendation for three-to-five year birth intervals at the policy, programmatic and behavioral levels. The objectives of OBSI are: (1) to create consensus among international organizations and program managers on the strong association between birth intervals of three to five years and improved maternal and child health outcomes; (2) to strengthen health services, provider training and community programs with birth spacing programming; and (3) to empower individuals and families to adopt birth spacing behaviors. To collaborate on the Initiative, CATALYST has gathered a group of Birth Spacing Champions as an ongoing working group, including over 30 representatives from USAID, UNICEF, and interested cooperating agencies (CAs), nongovernmental organizations (NGOs), academics and researchers.

CATALYST has collected and commissioned quantitative research on the health impact of optimal birth spacing. This research shows that when births are spaced three to five years apart there are substantially more health benefits for neonates, infants, children and mothers than the previously recommended two-year birth spacing interval. Research findings from North America, Asia, the Middle East/North Africa, Latin America/Caribbean and sub-Saharan Africa have shown the following:

- Short birth intervals are a key risk factor for maternal and perinatal morbidity and mortality. This effect remains when the data are statistically controlled for socio-demographic and biological variables (Conde-Agudelo and Belizan, 2000; Fuentes-Aflick et al., 2002; Zhu et al., 1999; Zhu et al., 2001).
- The lowest perinatal mortality occurs with a 36-47 month birth interval and the fewest miscarriages occur with 24-35 month birth intervals (Rutstein, 2002).
- Women with birth intervals of less than 15 months, have 2.54 times the risk of maternal death compared to women with birth intervals of 27-32 months. Women with long birth intervals (>69 months) have a higher risk for adverse maternal outcomes such as preeclampsia and eclampsia (Conde-Agudelo and Belizan, 2000).
- In Latin America adolescents aged 15-19 comprise 80% of the group with the shortest birth intervals. Adolescents age 16 years are four times more likely to die of pregnancy-related causes compared to mothers aged 20-24 years. Infants of these mothers face an increased risk for low birth weight, small for gestational age and preterm delivery (Conde-Agudelo, 2002).
- There is a substantial demand for birth spacing among young and low-parity women, and a demand among zero-parity women to delay their first births (Jansen et al., 2002).

As part of the OBSI strategy, CATALYST has commissioned qualitative research in order to better understand the many and complex issues that shape reproductive health and spacing behaviors. Focus group studies were conducted in five countries - Bolivia, Peru, India, Pakistan and Egypt. Reports from each country will be available on the CATALYST website with an additional cross-countries analysis to determine commonalities. Findings from the focus groups will provide the foundation for developing optimal birth spacing guidance, counseling materials, and training guidelines and will also foster collaboration between the public, private and NGO sectors.

II. METHODOLOGY

Focus groups used in this study were conducted in Peru at Lima (coast), Huánuco (highlands) and Tarapoto (jungle). These are the three major regions of the country. Because this qualitative technique works well with small groups, researchers are able to explore subjects of interest, as well as identify and analyze issues that arise naturally as part of the group dynamics.

In order to implement the study, contact and coordination visits were first organized in each of the selected cities, where recruiters were chosen and trained. Recruiters were instructed to contact individuals and invite them to participate in the focus groups. They were also responsible for providing logistical support to the study.

Twenty-one focus groups were organized at locations that offered the necessary privacy and confidentiality.

Between eight to 10 people participated in each focus group. Two psychologists worked with each group. One psychologist led the group while the other provided technical assistance and support. Information was obtained through semi-structured discussions lasting from one to two hours. CATALYST provided four focus group guides, which used the same structure, themes and adapted questions for use in the focus group discussions.

A wealth of diverse information was collected. Data were analyzed in accordance with the core areas described below. Researchers attempted to establish comparisons and develop preliminary conclusions whenever possible.

Study Core Areas

LEVEL	TOPIC	POPULATION GROUP
A. Individual	Knowledge, Attitudes/Beliefs, Practices	1. Women
B. Cultural	Norms, Customs, Decision-making, Religion	2. Men
C. Institutional	Services	3. Health Care Providers
D. Information Sources	Access, Confidence	

A. Participants

The chosen participants were made up of individuals belonging to the following population groups: women, men and health care providers. The population groups met the following criteria:

- Women: Mothers of at least two children under the age of five. This group was subdivided by age (15-19, 20-30 yrs. old) and birth spacing practice (spacers and non-spacers).
- Men: Fathers of at least one child under the age of five. This group was subdivided by age (15-19, 20-30 yrs. old).
- Health care providers: These individuals were chosen from the facilities where they provide maternal health and/or reproductive health services.

Seven focus groups were implemented in each city. The following criteria were used for their distribution.

Sex	Age	Type	N° of Groups
Female	15 to 19	Non-spacers	3
Female	15 to 19	Spacers	3
Female	20 to 30	Non-spacers	3
Female	20 to 30	Spacers	3
Male	15 to 19	Partners	3
Male	20 to 30	Partners	3
Both	-----	Reproductive Health Care Providers	3
Total Groups			21

B. Focus Group Guidelines

The focus groups guidelines were structured for all audiences (women spacers and non-spacers, male partners, health care providers) to collect data in the same way:

- Individual level (knowledge, attitudes, practices)
- Cultural level (norms)
- Institutional level (service)
- Information sources

C. Consent Considerations

In accordance with the study methodology, all participants were informed of the purpose and potential risks and benefits of participation in the focus groups. A statement was read by the moderator to all participants, who gave their taped oral consent to participate in the study. They were also informed that their responses could be quoted in this report, but their identity would not be disclosed. Additional procedures to secure and store the data were also explained.

III. STUDY OBJECTIVES

- Identify the knowledge, attitudes and practices of the three main regions of Peru (the coast, the highlands, the jungle) with respect to birth spacing, its implications for the woman, the couple, as well as the last and the next child.
- Identify the advantages or disadvantages of delaying a new pregnancy after a birth, for the woman, the couple and the previous child.
- Identify use of contraceptive methods.
- Identify the length of spacing between pregnancies that the community considers adequate.
- Determine which partner makes the decision regarding a new pregnancy.
- Identify the family or community member who influences the decision regarding a new pregnancy; the role of religion; and the role of the health service provider.
- Determine what kind of birth spacing information was offered at the health services.
- Identify the information sources the community could use to learn about the benefits of delaying a new pregnancy.
- Determine where participants want to access birth spacing information.
- Determine what health care providers know and what information they need in order to counsel users.

IV. RESULTS

A. Overall Findings

All women participating in the focus groups said that the most common phrase to refer to birth spacing is protecting oneself (*cuidarse*); men used the word “planning.” Almost three-quarters of the women and half of the men reported that the simplest way to calculate when they should have another child is by calculating the year and month in which they should become pregnant. These opinions are similar in the three cities studied.

All men agree that economic concerns and the lack of employment opportunities, as well as the stress these can cause, are factors that contribute to spacing children farther apart.

“...we would have the opportunity to have more money...when you have more money you can spend...it’s stressful if they get sick...”

Concept of birth spacing

In all three cities studied, most of the women and men aged 20 to 30 believe that two to three years is a desirable birth spacing period. It is highly unusual for women in this age

group to mention a longer ideal spacing period. Women aged 15 to 19 believe the spacing period should be longer, five or more years.

Most of the men in the 20 to 30 age group agreed that two and a half years was the ideal interval between pregnancies, whereas the men aged 15 to 19 thought it was too short:

“...too short...it should be more than three years...five or six...”

In Peru, there is no official norm on birth spacing. Participants believe that the Ministry of Health, as the entity responsible for the country's public health system, should establish the norm.

Practice of birth spacing

In all of the cities studied, there are many women who have completed secondary school or who have a higher education. These women exhibit more coherence in what they believe, want and practice. In this group, birth spacing of three or more years is common:

Women who practice birth spacing say they have always been users of some method, unlike women who do not space births. The former had the capacity to decide, whereas the latter found it difficult to do so.

All women in the study said they wanted to space their births and to have only a few children. However, they were unable to do so because of several reasons, most of which were external. These include the following:

- Influence of the partner
- Inadequate health care service delivery
- Lack of information
- Absence of adequate communication strategies
- Low self-esteem

In the 15 to 19-year old group of adolescent women the first pregnancy generally occurred as a consequence of an unanticipated sexual relationship. These women frequently become non-spacers because they soon have a second pregnancy.

Interestingly, most women who participated in the focus groups are currently using a contraceptive method, even those women considered to be non-spacers. Most have used contraceptives at some point in their life. Although all women participating in the study have two or more children, many have already started to practice birth spacing.

Most health care providers agree on the advantages of birth spacing for more than three years, although two years is the current accepted standard in the country.

Health care services do not routinely provide information on birth spacing, although some participants said they offered it to their users. There is widespread information and access to contraceptive methods, however. The most popular methods are those that women find the easiest and most practical to use, which have the fewest side effects.

Health care providers note the limited participation and collaboration of men in the decision to space births. They believe that men do not make any effort to obtain information. Nevertheless, the men who participated in this study expressed otherwise.

B. Perceived Advantages/Disadvantages of Birth Spacing

Advantages of birth spacing for women

Women's opinions

The reasons women give for spacing, regardless of their age and whether or not they have previously practiced birth spacing, are mainly associated with the attention to and care of children and the mother's health:

"...women lose calcium when they give birth and they need to recover..."

"...the woman suffers if she has children close together; small children need more attention..."

Women, particularly those living in the jungle region, frequently express concern regarding reproductive health problems:

"...if she doesn't (space)...she can get sick with cancer or discharges..."

Economic aspects were the second most frequently cited reason for spacing. Nevertheless, when men were asked about the most important reason for spacing births, they mentioned the economic situation first, because they believe that:

"...with a good economic situation, you can solve a lot of things..."

The country's economic difficulties especially affect women and children, who continue to be the country's most vulnerable citizens. A large part of the population is unable to satisfy its basic needs.

With respect to the advantages for the woman, women aged 20 to 30 who practiced spacing believe that they are related to personal care and development:

"...the advantage is that the woman can have time for herself..."

"...she can develop as a person..."

These women most likely are referring to their own experience, comparing it with that of other women who have many children. For women of the same age who do not practice spacing, the main concern is health:

"...the woman gets sick because her body gets worn out when she has children close together..."

This group also said that spacing was advantageous for the relationship with their partners, underscoring what for them is a precarious relationship:

“...(if women space births) there are more opportunities to have fun...they (the partners) want to go out but we don’t go to parties because we have to take care of the children...”

“...because we take care of the children, we don’t have time for ourselves and we are exhausted and so our husbands get bored....”

They also express their fear of abandonment and their dependence on partners:

“...If the woman has a lot of children, the man will abandon her...”

Women aged 15 to 19, spacers and non-spacers alike, are more concerned about themselves and their possibilities for development than the other groups. They believe that if the interval between pregnancies were five or more years, they would have more opportunities and could have a more satisfactory life than they currently have:

“...the woman wouldn’t suffer, she would work less, would have to make less effort. She could also study, work and do other things...”

This is a common belief among this group. Although the majority dropped out of secondary school when they became pregnant, many have expressed regret about this decision. They say they plan to continue with their studies. These women will be unable to complete their education if they do not wait a long time before becoming pregnant again.

It is likely that very young women receive information from the mass media, which presents models they would like to imitate, positively influencing their desire to better themselves and helping them to realize that a lack of education and having many children pose insurmountable obstacles to achieving their goals.

In the group of adolescents, economic reasons are the most important for birth spacing. Because many men in this age group must depend on their partners or their own parents for their families’ livelihood, they are more likely to believe that their main problems are economic:

“...if we have more children, we have more pressure when the work ends and we don’t know how we’ll make ends meet...”

A few adolescents referred to the issue of physical and psychological health:

“...since the mother is very young...her body is not prepared like that of adult women...she has to heal well...”

“...the emotional state of the woman...if the woman does not want the child, she is not happy when he’s born...”

Men’s opinions

In the men’s group of 20- to 30-year olds, while the economic situation was the leading consideration for birth spacing, they also mentioned other aspects related to the mother’s health, the care of the child and others associated with development:

“...health and fewer worries for the mother...”

“...so that the first child can take care of himself...”

“...so the woman can work...”

“...The first one is older and can help the mother wash the diapers...the mother will have less work...”

The younger men claim that the woman would have more time to earn income for the household:

“...she could have more time to work...and so help her partner with the expenses...”

Men aged 20 to 30 also mentioned education, perceiving it as an opportunity for the woman's personal development.

Health providers' opinions

Health care providers of maternal and reproductive health services who participated in the focus groups believe that birth spacing can be viewed from two perspectives: physiological (the amount of time the woman needs to recover or to be in a position to withstand a new pregnancy) and psychological (couples' decisions based on their possibilities needs and expectations).

From the physiological perspective, the FIGO (International Federation of Gynecology and Obstetrics) recommends an interpregnancy interval of two years:

“...in two years, the mother has breastfed sufficiently, the child has grown and the mother is ready to breastfeed the next child...”

- Various advantages noted for women's health

“...the woman must recover...improve...physiologically she should return to her normal state...”

“...(if there is spacing)...the uterus has recovered, it is again ready...”

“...the risks to the mother, the obstetric risks, depending on each individual...nutritional aspects...”

The advantages basically for the mother, according to participating health care providers, are related to women's possibilities for personal development, economic well-being and the contribution they can make to the home:

“...with regard to personal goals, if she wants to study, to work, to progress...(if she has pregnancies close together)...her possibilities for development will be limited...”

“...she can work, study, improve her self-esteem, she can have her own space, improve her personal appearance...she can also contribute to the

household income and economic well being...the woman can be independent if she has money....”

The groups did agree that the most important reason for spacing is to prevent maternal and infant mortality and to preserve the child's psychological and emotional health. The testimonies below summarize participants' opinions on this issue:

“...I've read that worldwide, there are between 3,000 and 5,000 infant deaths...this generally occurs when mothers have a short interpregnancy interval, since they cannot give their children a better quality of life and protection, which they are able to do if there is enough interpregnancy spacing...the mother will devote herself more to that child and her home, and the father will also give the child more protection, food, etc...”

Advantages of birth spacing for men

Men's opinions

All men in the study agree that the main advantage to birth spacing is basically economic:

“...economic, because there won't be so many expenses...”

“...the economic situation will be better...”

“...we won't suffer because of the expenses...”

Men in the group of 15- to 19-year olds in Lima directly referred to their situation:

“...we would not have worries...I would take care of myself...”

Men also understand that the relationship of the couple and family welfare are associated with the number and spacing of children:

“...the wife will pay more attention to him...”

“...he will have more time for the family and for diversions...”

Women's opinions

Women aged 15 to 19 mentioned the issue of personal development as a lost opportunity for the man if children are born too close together:

“...(he) will have more time to study and work...”

Women believe the advantages of birth spacing for the partner are related to the economic situation and the concerns this can generate in the man:

“...more time to work, fewer worries...”

Advantages of birth spacing for the last child and newborn

Women's opinions

With respect to the advantages of birth spacing for the existing child, women believe they are mainly associated with the time they can spend with the child and the quality of the relationship that this extra time promotes:

"...the child can receive better care, as well as more attention and affection, because he does not need to compete with another child that is born when he is still very small..."

"...you can give him everything, give him the things he needs, give him more care, attention and life guidance. If you have a lot of children, you can't give him these things..."

In the case of the future child, women mentioned advantages, such as the quantity and quality of time he will receive (as in the case of the first child), and the benefit of having more experienced parents:

"...more attention, more time for his care...more affection...they can give love to the two children..."

Men's opinions

Both groups of men believe that birth spacing gives the existing child several advantages, such as better nutrition, more education and better care.

The men aged 20 to 30 also mentioned greater affection:

"...when there is direct affection the child will be happy..."

Men of all ages clearly perceive advantages for the future child. These are associated with the quality of care and attention to the child. They believe that a long birth spacing period helps both the mother and father to achieve an ideal level of personal and family development, which allows them to provide for the child:

"...with the experience of the first child, the next one will be better cared for, will receive more affection, besides all the material goods..."

"...the couple is prepared for the next child and will be more mature, better educated, have better things..."

"...better child rearing because of experience..."

"...the parents will be calmer, the child will receive more attention..."

Health providers' opinions

Health care providers say that if there is an interval of more than two years between pregnancies, the last child born will be at an advantage because he will receive proper attention from his mother, including breastfeeding. He will also have the opportunity for better feeding and education, which, in turn, will have a positive impact on his psychological and emotional development.

"...the most important thing is the psychological and emotional development of the child, the mother and the entire family... family stability, the couple's relationship, everything is important, but the most important is the child, the care he should receive, the attention from the mother, breastfeeding...it has been demonstrated that most infant deaths occur in the first year of life due to the lack of maternal care...this is one of the strongest arguments for developing birth spacing policies, considering the alarming infant mortality rates (the mother does not take care of the child and he therefore has a greater chance of dying)...at that age, the child is taking his first steps, is learning how to walk, learning lots of things...he needs a lot of support because he is exposed to dangers, contamination, he eats things he should not, like garbage, has accidents, he is exposed to dangers..."

"...if she becomes pregnant quickly and another child is born, she will not give the existing one enough attention and this has other implications: nutrition, feeding illnesses..."

"...you have to take the psychological aspect into account...the attention to the first child is affected by the birth of the next child, this is a very important consideration..."

Advantages of birth spacing for the family/couple's relationship

Health providers' opinions

Interestingly, providers in Huánuco (highlands) and Tarapoto (jungle) gave reasons that were more closely associated with the mother's health and the economic situation, while in Lima providers focused on the care of and attention to the child.

"...the economic situation, to determine how they will care for the children... Living conditions are extremely important..."

the majority of providers in this group said that birth spacing, with respect to the woman's partner, provides economic and personal development benefits:

"...if the couple has children too close together, the man will have to work more or reduce what he gives to one to give to the others...with regard to personal goals, if he wants to study, work or progress, his possibilities for development may be limited..."

Some providers, particularly those from the jungle, add that sufficient spacing between pregnancies will positively influence the couple's relationship and the attention the male partner receives, since the woman will have more time:

“...the couple will be much closer...she’ll pay more attention to her partner...”

The child who is born after spacing will enjoy the same advantages as the first born, but will also receive the attention of parents with more experience, who happily await its birth:

“...they will enjoy all the phases, they will be excited about the birth...”

Although it is possible to view the benefits individually, health care providers believe that the main benefit is actually for the family as a unit:

“...having children too close together weakens the possibility of family development...what affects one member will affect the others...in the family, including their physical and emotional health...”

“...the three main advantages are health, personal development and family stability...”

The Birth Spacing Norm

Interestingly, it appears the FIGO recommendation is not interpreted in the same way by all professionals. Some claim it means that the woman can become pregnant two years after the birth of her first child, while others believe it refers to the age of the existing child when the baby is born, in other words, the woman could become pregnant one year and three months after her first child is born.

Undoubtedly, there is a difference between the pregnancy period and the interbirth period. The former refers to the space between the last-born and new pregnancy, whereas the second refers to the space between births:

“...If the FIGO recommendation refers to the interpregnancy period (the participants conclude), we are talking about two pregnancies in two years, in other words, the children would be approximately three years apart...on the other hand, if it refers to the internatal period, there would be a birth every two years, and the age difference between siblings would be approximately two years...”

Most believe that the FIGO recommendation refers to interpregnancy spacing, for that reason the recommendation is to “procreate every two years,” in other words, the child will be born when his older sibling is approximately two years and nine months old.

Apart from these considerations, most health care providers believe that spacing between pregnancies should be between two and four years, but not much more:

“...between two and four years is ideal...after seven it’s as if it were the first pregnancy...”

Some providers believed that some standard recommendations should be revised:

“...everything they said before was generally based on the opinion of the leader of the moment...they said two years because they believed that women had recovered

physiologically, but there is no scientific evidence that proves this claim, it doesn't exist...what they did find is that women who became pregnant after an interpregnancy period of less than a year had a greater chance of complications, so this was taken as a guideline, but did not constitute well-tested scientific evidence, in accordance with the standard procedure currently required for decision making in the practice of medicine..."

Birth Spacing Practices

Women's opinions

When asked what measures they took to prevent pregnancies, the women of different ages who spaced their births said they used a contraceptive method, while the group of non-spacers aged 15 to 19 said they took no precautions. The non-spacers aged 20 to 30 said they used a method, but it had failed or they had stopped using it, even though the majority did not want to become pregnant again.

Although non-spacers recognize that long spacing contributes to assuring the economic well-being of the family, they do not practice spacing. The lack of accurate information, poor quality health services, heavy dependence on the man, machismo and domestic violence all contribute to this reality.

Women who received information on spacing intervals said that they generally received this information from health care providers at health facilities, particularly physicians and obstetric nurses. The study findings suggest there is no standard recommended spacing period:

"...the doctors say two years minimum..."

"...when you go in for check-ups, they tell you to wait one year..."

"...for two years or more..."

"...wait five years. Two children are enough...until your children are older..."

In the case of women who practiced spacing and who said they used or have used a contraceptive method, the unplanned pregnancies occurred, due to difficulties with the method, usually when they stopped using them.

The testimonies collected indicate that there are a variety of reasons for discontinuing contraceptives. The following are the most common: intolerable side effects, method failure, influence of the partner, and a lack of adequate counseling and services as reasons for unwanted pregnancies.

- Intolerable side effects:

"...I used the pill for three years but they made me nauseous, so I stopped using them and got pregnant..."

"...I used injections and got spots, so I stopped using them and got pregnant..."

- Method failure (incorrect use was often the real cause of the failure):

“...I used injections and I was fine...but then my stomach starting hurting and I went to the health post. They told me I was pregnant...”

“...I got pregnant while breastfeeding...”

- Influence of the partner:

“...I used contraceptives but I had to stop...he got too jealous...”

In addition to these reasons, there are myths and rumors that negatively affect decision-making:

“...I used pills and was breastfeeding my baby...and since he was a boy and the pills have hormones...I stopped taking them and got pregnant...”

Another problem was the lack of importance women give to their own health, which is closely associated with their lack of self-esteem:

“...I used injections and had a hemorrhage...they said I needed to undergo a curettage...but since I didn't have anyone to leave my baby with, I asked them to give me an injection...it stopped the bleeding and I didn't go back...and I got pregnant...”

The lack of appropriate information and counseling, as well as deficient health care service delivery, is also mentioned as a reason for short birth spacing:

“...I went to the health post to get my injection, but I was three or four days late and the nurse didn't want to give it to me...she said I should return when I got my period and that's when I got pregnant...”

Most of the non-spacers said they did not use a contraceptive method, although some reported having used one, but claimed it was ineffective or that they had used it incorrectly:

“...I didn't use anything...”

“...I was having my period but we didn't use anything and I got pregnant...”

“...I used the rhythm method and the condom and got pregnant...”

- This group of women also mentioned the influence of the partner and a lack of adequate counseling and services as reasons for unwanted pregnancies:

“...my children's father was very jealous and when I wanted to go to the post to get a method, he said that afterward I would have relations with another man...that's why I got pregnant again...when the second child was born, he finally agreed that I should use protection...”

“...After I gave birth they did not give me any pills when I asked for them... at the health center they told me ‘after you have your period you can come for your method’, but I did not have a period and I was already pregnant...”

The lack of adequate strategies for communicating with adolescents often resulted in a lack of comprehension, which in turn led to poor contraceptive practices in this population group:

“...I didn’t understand what they were telling me...”

Regardless of whether or not they used family planning methods, all the women participating in the study knew about them. This finding coincides with the results of the National Demographic and Health Survey of 2000 (Peru ENDES 2000 – 5.1 Conocimiento de Métodos), which found that 98% of women of reproductive age are familiar with or have heard about a family planning method.

Curiously, despite the fact that the women who participated in this study are mothers of young children and that the Ministry of Health heavily promotes the lactational amenorrhea method (LAM), the women did not spontaneously mention this method.

Men’s opinions

Men believe women get pregnant too early for a variety of reasons. Most attribute pregnancy to the poor use of contraceptive methods or carelessness, because they did not use contraception:

“...due to carelessness, because they didn’t use a method...”

“...the period method didn’t work...”

“...depends on the method they are using...sometimes they use it wrong...”

The men from the jungle reported that their partners used certain herbs to prevent pregnancy, which were ineffective in some cases:

“...my wife uses herbs...but...”

Most of the men are familiar with contraceptive methods, despite the fact that they did not receive any specific counseling:

“...yes, I know about the rhythm method, IUD, injectables, pill, vasectomy...”

Adolescents aged 15 to 19 reported that they had received information about contraceptives in school but did not pay attention to it at the time:

“...rhythm, suppositories, condoms, injectables...but we joke about it...”

The group of men aged 15 to 19 in Lima report that condom use is very common:

“...I use a condom...even two...like they told us at the talk...”

Some men mentioned partners' lack of understanding and women's use of pregnancy to trap their partners as other reasons for unexpected pregnancies. Men aged 20 to 30 did admit to some shared responsibility:

"...if both partners were informed and the woman gets pregnant...both are at fault..."

Nevertheless, some men, particularly those aged 15 to 19, blamed the women exclusively for the unwanted pregnancy:

"...the woman's lack of responsibility and experience..."

"...or she had relations when she shouldn't have..."

They also reported that the pregnancy occurred almost immediately after beginning their sex life as a couple. The relations were unplanned and therefore they did not use any contraceptive method.

Men, particularly younger ones, also mentioned poor control over sexual impulses:

"...sometimes you don't realize...in the passion, the pleasure, of the moment..."

In the focus groups of Huánuco and Tarapoto, approximately half of the men aged 20 to 30 reported that they have accompanied their partner to a doctor's appointment at least once. Men aged 15 to 19 generally have never done so. Men most often accompanied their partners to the health facility when the women gave birth and occasionally accompanied them for a prenatal check-up.

Health providers' opinions

When health care providers were asked about the possibility of three years as a birth spacing period, the majority agreed, both from the point of view of the mother and child's health, as well as from the perspective of family, economic and social aspects: The average spacing among women attended by the health care providers participating in the study varies according to the region. In the jungle, it is one and a half years; in the highlands, it is two years; and in Lima, it is between two and five years. There are also differences between urban, peri-urban and rural zones. In rural areas of the highlands and the jungle, one-year spacing is common.

In general, health care providers from the three regions studied believe that most women, when they give birth, do not want another pregnancy in the near future:

"...they say: 'never again...I never want to go through that again'...nevertheless, the interpregnancy periods continue to be very short...sometimes the woman has a second pregnancy when she is breastfeeding...that is, 'the period doesn't come'..."

"...when they give birth they say 'never again'...but they're back in a year..."

Providers agreed that the problem with birth spacing is a difference between what the woman believes and wants and what she actually does. Educational level, and especially

habits and customs, produce this disparity: Health care providers say that the spacing is becoming increasingly long, especially in the case of professionals:

“...the thing is, reproductive practices are not only associated with educational level, but also and especially with the cultural aspect, what they’ve lived, what they’ve seen, what they’re accustomed to...”

The group from the highland region reported that another belief among poorly educated women is that having many children helps maintain the family unit:

“...they think that the more children they have, the more likely they will be able to keep their partner...”

Another cause for false beliefs among women is lack of information. For example, they may not use any contraceptive method after a birth until their menstruation returns, not realizing that it does not return because they are pregnant.

Because adolescents are often emotionally immature, they have sex infrequently and do not accept or assume responsibilities. Although they do not want closely spaced pregnancies, they do not take the necessary precautions, which frequently results in having two pregnancies close together (one year):

“...the problem is that they do not perceive the risk...for them, while they may admit that what we tell them could be true... they really don’t believe there is any real risk of pregnancy or an STI...in engaging in sexual activity without protection...they say...‘I don’t think I’ll be unlucky if I have sex sporadically, if my boyfriend visits me every now and then’...they do not use protection and they get pregnant, even though they don’t want to...”

In peri-urban areas, spacing is shorter, one to two years, on average. Health care providers attribute this shorter spacing to low education and the existence of a deeply rooted *macho* culture:

“...frequently, men rather than women decide...he says ‘this is what I say, when I want to have a child, I will...’”

Interestingly, in all three regions, the spacing between the first and second pregnancy is shorter, on average, than that between the second and subsequent pregnancies:

“...the first and the second are closer together than the second and the third or the fourth...it gets longer...”

“...for example...she may have her first child at 17, the second at 18 and the third three or four years later...if there is a fourth it could be eight years later...in some cases because she has a different partner...”

Other reasons, such as the economic dependence on another person, lead some women to become pregnant:

“...out of need, often for economic support...sometimes they’re asked, ‘why are you pregnant again so soon?’...and they answer that it is their second

relationship...and many times they want to hold on to that person by having something that is apparently important for consolidating the relationship...we often see this..."

In the rural highlands, many people believe that having many children close together is positive, because it enables family roles to be filled more rapidly:

"...the more children, the better...the girls help around the house, the mother gives them responsibilities...the boys help in the field...and the faster the couple has them, the better...if it is a boy, he will have a woman to help around the house...if it is a girl, her partner will help in the field..."

Unfortunately, many social assistance programs for the poor may become an incentive for additional pregnancies:

"...another is the policy of the Glass of Milk committees...women think like this: 'my son is already big, so I'll have another and register him so that I can continue receiving'...because they give food to each child, and so they solve their food problem..."

People who opt for maternity after 30 years comprise a special group. Generally, they believe two children is the ideal number and do not space the births far apart:

"...they reach a certain age, and they have a child and so they do not need to wait two years to have another, because they need to establish themselves as a complete family...generally, it is whenever they are able to cover their economic needs..."

"...they are both educated women who become mothers at a certain age, after having become economically stable. They have two children in a row...and do not plan on more pregnancies...they say 'I have a girl and a boy, so I'll stop now'..."

The Ministry of Health says that it is common for women to have closely spaced pregnancies, even though there is a growing desire for longer spacing:

"...most, even the really young ones with a very limited education, or with a precarious economic situation, do not want a pregnancy so soon...they express this attitude when they give birth and during the postpartum period, and even when they go home...but we soon see them pregnant again..."

"...carelessness of the mother...she doesn't return for her check-up...sometimes she even has an abortion and does not protect herself because she's waiting for the next period and she ends up pregnant..."

The chief physician of the family planning unit of a hospital says:

"...The family planning service unit is one of the busiest on a daily basis...this shows that there is a growing desire to space pregnancies...the demand for and prevalence of contraceptive methods are quite high... so we can conclude that those people who closely space their pregnancies are unprepared...whether

because they do not have a stable relationship and think that they will not have relations...or because they begin a sexual relationship with another person..."

At social security facilities, spacing between pregnancies is a common practice for most female service users:

"...most of the women plan their pregnancies, generally after two years..."

The difference is even greater among women who use private facilities. Their spacing interval is much longer, and the partners make the decision as a couple:

"...women say they want to space their pregnancies five years apart...and they are doing so..."

Couple's Pregnancy Decision- Making Process

Women's opinions

Pregnancies, even in the case of women who practice birth spacing, generally occur without planning. The couple does not make a decision on when to have a child.

The younger women who spaced their births say that when a decision is possible, the woman is the one who makes it. Men rarely make the decision. In the group of 20- to 30-year olds who do not practice spacing, men usually make the decision:

"...generally, it is the husband who makes the decision; he decides if he has enough money or not..."

Nevertheless, some women claim that they are making the decision, even against their partners' wishes:

"...I decided...he begged me for another child, but I said no more..."

All the women agree that both partners should discuss the decision, but they acknowledge that this does not always occur. If the woman wants to prevent a pregnancy and the partner opposes her, some women believe they should use a contraceptive method without the man's knowledge. This confirms the findings previously mentioned regarding women's growing desire for independence.

Men's opinions

Men said that most pregnancies in their communities are unplanned, which coincides with what we saw earlier, particularly, in the case of the first pregnancy. Men, particularly in the younger group, also report that unwanted pregnancies are often terminated:

"...There are lots of abortions..."

Most men report that after the first pregnancy, they prefer to talk to their partners in order to space future pregnancies. Although they believe that the woman is capable of making a

decision on the issue of birth spacing, they stress that the decision should be made as a couple:

“...but it is better for both to decide...”

“...they can decide...but it is better to talk...if not, there is blame...”

“...yes and no...yes, because she gives birth...but no, because he plays a part...”

Health providers' opinions

The decision to become pregnant is increasingly made by the woman or the couple, although there are differences, depending on whether couples live in a rural or urban zone, and whether they live in Lima or in the country's interior.

In the cities, women commonly decide on their own, often against the wishes of their partners:

“...women who make the decision opt for a method without the consent of their partners...”

Or they decide together:

“...men often accompany the women to the appointment...”

“...we increasingly see the participation of the couple...both of them agree...”

In poorer rural and peri-urban areas, women continue to be subject to the man's will:

“...in rural areas, the man decides...when they come to the appointment together and you ask ‘when was the woman's last period?’...the man answers...he is the one who keeps track...he is the one who knows how to read...not her...”

Violence against women is another cause of unwanted pregnancy. The following testimonies from two obstetric nurses, one from Lima and the other from one of the cities studied, are illustrative:

“...There are many cases in which the woman comes in pregnant and I ask her: ‘Señora, why did you get pregnant so soon?’ and she answers, ‘My husband has another woman, he left with another woman, so he thinks I cheat on him too and he came and made me have sex with him...since I thought he'd gone with another woman I didn't use protection, I didn't get the injection, I didn't take my pill, so I got pregnant’...”

“...a woman who had an IUD inserted without her husband's knowledge came in the following day. He had found out and beaten her and taken her to the facility to have it removed...we had to take it out...”

Clearly, for health care providers, education and economic independence empowers the woman and permits her to make decisions:

“...if the woman has economic independence, she decides...the economic factor and cultural level of the woman determine her decision-making power...if she has this, she uses contraceptive methods without her husband’s knowledge... particularly injectables...”

Contraceptive Methods

Women’s opinions

The information women receive on birth spacing at health facilities is generally associated with the use of contraceptive methods. They report receiving information about the following methods: pills, injectables (Depo-Provera), IUD, condom, rhythm method, vaginal suppositories and tubal ligation.

Men’s opinions

Few men reported having received counseling on birth spacing. Those who did were between the ages of 20 and 30. These men reported that they had been told to wait between two and three years. In these cases, the men agreed with the recommended spacing period and were attempting to comply with it. Interestingly, even in the case of men who did not receive counseling, the practice, or at least the intention, of spacing was similar to that of men who did receive counseling. This may be related to the fact that although the majority did not receive counseling on contraceptive methods, they are planning because their partners use some contraceptive method (especially injectables):

“...I did not have the opportunity to receive information on contraceptive methods...but my partner did...she’s using injections...”

It should be noted that in all the areas studied, men repeatedly complained that they were not given information on these topics.

“...I’ve never participated...they’ve never called me...the woman is the only one who receives information...”

“...I’d like...meetings like this one, where we can all learn...”

“...They should give us talks and leaflets...”

“...They are interesting topics...we need to learn...”

“...When we accompany them...while we’re waiting, they should meet with us and explain so that we can have information and they can talk to us, so we can learn...”

Health provider’s opinions

According to the health care providers participating in the study, the female users of Ministry of Health facilities in the three regions prefer quarterly injectables (Depo-provera), followed by the pill.

The main reason women prefer the quarterly injectable is the practicality of the method and the lack of side effects:

In social security facilities, the most popular methods are the IUD (Copper T) and the pill. Social security facilities do not offer quarterly injectables. In private institutions, the most requested method is the monthly injectable, despite the fact that the quarterly injectable is also available:

“...because of the issue of amenorrhea...the Peruvian woman loves to see her period...”

Interestingly, at Ministry of Health facilities in Lima, women who want to space for long periods often request a method the institution no longer offers, the NORPLANT hormonal implant. This method is available at some private health care facilities. It is also in demand because of its practicality:

“...they say they prefer NORPLANT, because it is long acting. ‘I don’t have to take anything’...besides, they do not feel it is an aggressive method like the IUD and there are no myths surrounding it like there are around the IUD... cancer, pain, bleeding, etc....besides, they don’t need to be examined...they just have it inserted in their arm...”

“...a single investment, one-time discomfort, only one return visit per year...if there are no problems...”

Women who want to space for more than two years request the same methods, although middle-class women from Lima more often request long-acting methods, such as the IUD or hormonal implants when they want to space for long periods.

“...in general, there is an interest in using long-acting methods...”

Influence of the Family and the Community

Women’s opinions

All women participating in the study report that their relatives and other individuals close to them do not want them to have too many children or to have pregnancies too close together. The following testimonies of women aged 15 to 19 are illustrative:

“...My mom told me to plan...”

“...My mom told me to study first and to get ahead...she said you suffer with a lot of children...”

Most say they have not heard negative comments when a couple delays having children. The few who have heard these comments say that they are only made about couples that have no children:

“...generally, they censure couples who delay the pregnancy...”

The “censure” participants refer to does not appear to be discriminatory but does reflect the *macho* culture, since most are associated with male virility:

Health care providers refer to this aspect with these comments:

“...they tease both men and women...they call him a sissy and they say she's barren...”

“...some say that if the woman does not become pregnant, the man will leave her...there are men that threaten to leave their women...”

Men's opinions

With respect to the spacing interval preferred by relatives, most of the men said that spacing is generally not a topic of conversation in the family environment:

“...because families are reserved...”

With respect to criticisms of couples with no children, they agreed with the participating women that the community sanctions those who have no children after they have established a stable life together. Although these criticisms may take on a jocular tone, they question the virility of the man:

“...men make jokes...you're homosexual, effeminate, not a real man...”

This reinforces the existence of the myth that procreation proves a man's virility.

There were few references to the influence of a family member on birth spacing. Men believe it is a private issue in which the family or other people do not intervene:

“...the family doesn't interfere...”

The men in the study believe that the opinions of relatives cannot be considered influences, but rather only positive recommendations, since they reflect their concern for the couple's well-being. They are generally recommendations for long spacing periods:

“...my family tells me...stop here...”

In the group of younger men, parents give advice and express opinions more frequently. This group usually heeds this advice, probably because of the men's continued dependence, especially economic, on their families:

“...parents say...use protection...look at the economic situation...”

“...you have lost your youth with a baby...if you have another you'll go bankrupt...”

“...my mother told me that if I had another I wouldn't have any parents...”

Some men alluded to the beliefs of their families with respect to this issue, but they emphasized that these opinions did not influence their practices:

“...it depends on religion...my parents are evangelists and they say that you must accept all children...there are 10 of us...but I think about my economic situation...”

Health providers' opinions

Health care providers report that in the regions studied, families generally believe that couples should have only a few children spaced far apart. They say that even though the family does not intervene much, "It may criticize the couple if pregnancies are closely spaced." Only in the jungle was maternity associated with the femininity and diligence of the woman:

"...when she only has one child they say she is lazy... when she has more she is considered more of a woman..."

Influence of Religion

The women participating in the study say that in general, religions or churches do not have an opinion on birth spacing. Women belonging to the Catholic and other religious groups, such as evangelist churches, report that the church tells them "not to have many children" and in some cases "not to have them too close together." However, these churches do not specify the birth interval and do not mention family planning, since most do not condone the use of contraceptive methods.

One woman belonging to an evangelist church said:

"...they talk about spacing but without specifying the time...they say children are a blessing from God...but they say you have to take precautions, without mentioning how or for how long..."

With regard to religion, male participants who practice a religion say they have not heard their churches talk about birth spacing. The issue of birth spacing is not discussed in the Catholic Church, which believes people should protect themselves but that it is a sin to use contraceptive methods. Evangelist churches that believe that couples must accept the children that God gives them, do not have a policy on birth spacing.

Health care providers believe that religion is often an obstacle to birth spacing. They report that they have never heard of any church that discusses birth spacing, although there are some, such as the Catholic Church, that advise couples against having many children. However, they do not offer options to the couple since they oppose the use of artificial contraceptive methods. Other churches, particularly evangelical ones, do not believe in birth limitation.

"...and now there are evangelical churches that tell them that children are a blessing from God and that they should accept all the children they receive...some women still abide by this..."

Role of Health Services in Birth Spacing

Women's perceptions of the role of health providers

In the three regions studied, most women who participated in the focus groups are users of Ministry of Health services. A much lower percentage use Social Security Services, and some occasionally use private health care services. The women report that they receive

different information from the facilities they use and that it is generally offered when they give birth.

In the case of 20- to 30-year olds who practiced birth spacing, the majority said they had received information on the advantages of spacing, but were not informed on a specific spacing period. Some indicated that a spacing interval of two or more years (up to five years was mentioned) was recommended. Other groups also reported that they received limited information and that it was not offered in a way that permitted easy recall.

Most women aged 15 to 19 say they have not received counseling on this issue:

“...They tell us we should use protection...but not for how long...”

A few mentioned having heard that they should space their pregnancies three or more years apart, but they were given no further explanations, nor did they clearly understand birth spacing messages.

“...with the pain of childbirth, we don't remember what they tell us...”

Moreover, the communication method used is probably inadequate. One woman said:

“...When you go for a check-up a week after having your baby, they ask you: 'What method are you going to use? Everyone uses injections...I didn't want to because I still hadn't talked to my husband...but he insisted...that everyone uses injections and they gave me one...but they didn't explain...I got one...what choice did I have?...but now I use pills...”

Women who received information on birth spacing say that they were told that the main advantages were associated with the mother's health and the child's health and development.

“...They say the blood and the placenta recover, your health improves... Since the ovaries weaken...you need to space to prevent anemia...”

“...If you have another child when the first one is still young, you do not take care of the firstborn and he becomes malnourished...”

In the study areas in the country's interior, the Israelite Church is mentioned often by health care providers. It has many followers and prohibits the use of contraceptive methods:

“...they say that using contraceptive methods is a sin...children come because it is God's will...”

Health providers' opinions

Most of the health care providers recommend a birth spacing interval of more than two years:

“...I tell them...at least three years...”

Nevertheless, providing birth spacing information does not appear to be a routine procedure, but rather depends on whether or not the woman requests it:

Participants agree that spacing should be longer in the case of adolescents, in light of their physical and emotional immaturity and the lack of personal development:

Unfortunately, users frequently do not heed birth spacing recommendations:

The participation of the man in this issue is key. Without his participation, it is difficult for the woman to avoid unwanted pregnancy:

“...the problem is that the couple, the man...is never there...he doesn't receive information...they never accompany the women...”

With respect to the position of health care providers, it is interesting that one physician recommends spacing of more than two years despite the fact that data based on a study implemented at the hospital where he works found that spacing can be shorter:

“...at the Lima Maternity Hospital, they did a study of women who had caesareans previously to determine when they could become pregnant again. The study found that after two years, the scar was sufficiently healed so that these women could give birth...this means that after a year and three months, their bodies are ready to begin a pregnancy, in the case of women who had cesareans...however, another consideration is the women's recovery (the criterion favoring the woman)...I think they should wait at least two years before getting pregnant...the child should turn two before the women get pregnant again...”

Additionally, there is some concern about the performance of health care providers. The paragraph below demonstrates that while the majority of providers are clear about the benefits of a long birth spacing interval, they may need ongoing training in other areas, because we found that some gave erroneous information to users:

“...I think the starting point should be when the child has turned two...if they plan to have another child and are using hormonal methods, they should stop using them for two or three months so that their bodies are hormone-free and ready...so that when they become pregnant the child will be at least two years and three months or two years and four months...”

Information Sources

Professionals/family

Female participants prefer to receive information from health professionals, including physicians, obstetric nurses and nurses:

“...Because they are professionals and have studied...”

“...They have knowledge and experience...”

Male participants clearly established a cause-effect relationship between specialized training, quality and reliability as a reason to trust the physicians:

“...because they are specialists...in counseling...”

“...it’s better for them to be specialists...like in family planning...where they’re given instructions...”

Some women mentioned that they would like to receive information on this topic from parents and older people. Participants say the obstetric nurse is the professional who most frequently provides this type of information.

Most men first mentioned parents as a desirable source of information and guidance. Some of the younger men claimed they had never received information from their parents:

“...from parents...because they never told us anything...”

They also mentioned older people who inspire their respect and confidence:

“...also older people who know about this...from experience...”

Technical sources for health providers

Participating health care providers believe that the most convincing, appropriate sources of information on optimal birth spacing are those that are based on scientific evidence and that have the support of internationally recognized institutions such as the World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO):

Moreover, all agree that the information should be included in an official document of the Ministry of Health, which is the executive agency of the public health system:

The university is considered important for the dissemination process because it educates future reproductive health care providers and is responsible for their future professional conduct and performance:

“...the university has a lot to do with this...even though the Ministry of Health issues the norm, it will not be sustainable if it is not supported by university studies...it is the only way to make the processes sustainable...regulation is a general framework, after which come changes in attitudes that the students must learn...”

Health care providers expressed an interest in the idea of incorporating information on optimal birth spacing in instructions for contraceptives, since most people read the instructions that accompany medications and therefore would read those that come with contraceptives, which would help them to take precautions:

“...yes, the mothers will start to become aware...it’s an interesting idea...there could be a message in bold print that says something like: ‘Wait at least two years before becoming pregnant’...that would help...like on cigarette packages, where it says that ‘Smoking may be hazardous to your health’...”

Nevertheless, participants say that the problem is that the contraceptives the Ministry of Health distributes to the majority of users do not come in packages:

“...perhaps they could include a leaflet with this information...”

Pharmacies

Women perceive pharmacies as places that dispense medicines rather than information:

“...They just sell...”

They acknowledge that pharmacies offer a variety of contraceptives such as condoms, pills and injectables, which can be purchased by any individual, but that they offer no information:

“...they say how...but not for how long...”

“...they didn't give me information...they sent us to the health center....”

Like the women in the study, men perceive pharmacies as places that sell medicines rather than provide information. They acknowledge that pharmacies offer a variety of contraceptives, such as condoms, pills and injectables to anyone who can purchase them, but that they do not provide information:

“...no, never...they just sell their products...”

“...they do not talk to us...it's different at the health center...”

Most men believed it was a good idea to include birth spacing recommendations in the instructions for contraceptives. They believed it would partially satisfy the need for reliable information:

“...it's a good idea because we would have more complete, direct information...”

“...it's a good idea because we would know more...”

“...the information is very important and necessary...especially for people who are going to be parents for the first time...”

“...good idea...more direct...it would reach everyone...a lot of people don't know...”

Most men say they usually read the instructions that come with medicines, for which reason they would do the same with contraceptives.

Media

Referring to the possibility of receiving information from the mass media, participants mentioned television and radio most often. They said that most people like television and that it is the most common medium.

“...because you can watch and listen, whereas you can only listen to the radio...”

“...they discuss different topics like this one...”

The radio is frequently mentioned as a useful form of mass media, especially among the poorest, most isolated populations. Women, particularly those aged 20 to 30, frequently mentioned *Radio Programas del Perú (RPP)*:

“...information on the radio can help illiterate people: they can do things while they listen, because some don’t have a television...”

“...the radio is much better in the highlands...those who don’t have a TV listen to radio...it’s everywhere....”

Some men in Lima and the other cities recalled having heard messages on this topic on RPP radio:

“...yes, on RPP...Not too long ago...they’re always talking about contraceptive methods...”

With respect to the transmission of the messages via the mass media, the majority said that the television is the medium that can have the greatest impact:

“...because when you watch it, you pay more attention...”

“...also television, so that people will be interested...”

Some participants mentioned Channel 7 (the state television network), specifically, the *Aló Doctora* program, but no one could recall if birth spacing had been discussed on the program. Almost none of the younger women mentioned having heard this type of message in the mass media.

Men in the two age groups viewed the press differently. Men aged 15 to 19 doubted the effectiveness of the press:

“...but not the press...because people don’t think it’s important...as young people, we’re into other things...”

For the group of older men, printed materials can have an important added value:

“...posters can also be used...especially for younger people...who have no children...and basically by parents to help us talk about it...”

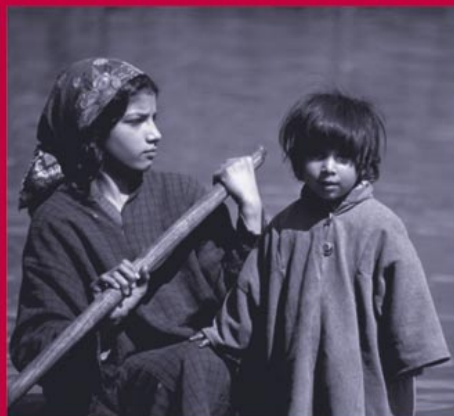
All women agreed with the idea of including information on birth spacing with instructions for contraceptive methods. They expressed the need to be more and better informed:

“...yes, it should be included because some people are embarrassed and don’t ask...and if it comes with the contraceptives, you can read it and then remember what it says...”

Women say they normally read the instructions that come with medications, because it makes them feel more confident about using them:

“...it would be the same with the contraceptives...it would provide better guidance...to know what the risks are...”

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